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Bib Data Sheet

CONFIRMATION NO. 3220

<b>SERIAL NUMBER</b> 10/028,113	<b>FILING DATE</b> 12/20/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> CCF-5814	
<b>APPLICANTS</b> Kenneth Ouriel, Pepper Pike, OH; Daniel G. Clair, Shaker Heights, OH;					
<b>** CONTINUING DATA *****</b> <i>none</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 01/31/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 75	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> TAROLLI, SUNDHEIM, COVELL, TUMMINO & SZABO L.L.P. 1111 LEADER BLDG. 526 SUPERIOR AVENUE CLEVELAND ,OH 44114-1400					
<b>TITLE</b> Furcated endovascular prosthesis					
<b>FILING FEE RECEIVED</b> 1075	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		